

POSITION	INITIALS	ID NO.	DATE
	AS		08/21/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	823
FORMALITY REVIEW	RE	574	9/27/00
RESPONSE FORMALITY REVIEW	LH	60105	2-28-01

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final Original	
1	11/16/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	2
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23	2
24	2
25	✓
26	✓
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34	✓
35	✓
36	✓
37	✓
38	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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